

**ATTENDEES:**

(P) Geoff Ritchie	(P) Ricco Bhasin	(P) Susan Britton Payne	(P) Jasmine Tehara
(P) Kulvir Singh Gill	(P) Linda Franklin	(P) Mark Beckles	(P) Michael Torrance
(P) Pardeep Singh Gill	(P) David Charron	(P) Stuart Johnston	(P) Dr. Frank Martino
(P) Dr. Naveed Mohammad	(P) Tiziana Rivera	(P) Dr. Victor Rajkotwala	(P) Dr. Ioana Ciric
(P) Brenda Bushey (Resource)			

Florine Lobo	Dr. Rardi van Heest	Kiki Ferrari	Ken Mayhew
Corinne Shannon			

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**1.0 CALL TO ORDER & DECLARATION OF CONFLICT**

The meeting was called to order. No declarations of conflict were made. The Ethical Decision Making Framework was included in the package for reference.

**MOVED, seconded**

***That the agenda be approved - CARRIED***

**1.1 CHAIR'S REPORT**

The Chair provided an update on the recent activities and discussions of the Capital Asset Development Funding Working Group.

The membership of the Working Group includes representatives from the Osler and Foundation Boards and is supported by members of the Executive Team, Foundation Team and KCI Consultants. The Working Group serves as an advisory group and is responsible for developing recommendations regarding the sequencing and funding strategies for Osler's redevelopment and digital agenda. There are four major projects under review. They include: Peel Phase II, Health Information System, Radiation Oncology, and EGH Phase II.

The Working Group is scheduled to meet next week at which time the discussion will focus on the funding requirements of each project including: limits and capacity on debt financing, fundraising capacity and community assessment. A recommendation will go forward to the Resources & Audit Committee and subsequently to the Board of Directors in the spring of 2022 for discussion and approval.

The CEO reminded the Board of the importance for the Working Group to remain focused on the original intent and scope of its mandate and not be sidetracked with additional needs or requests. The new HIS system has been identified as a priority project along with the remaining three projects.

KPMG will also be supporting the work of this Group. Pardeep Singh Gill advised that he will refrain from becoming involved in those discussions or related recommendation to avoid any conflict of interest, as he is affiliated with KPMG. KCI is also providing support from a fundraising perspective, and Santis for government relations support.

The Chair advised that additional updates regarding the recent presentation to City Council, public relations outreach, letter to the editor, [REDACTED]

**2.0 CONSENT AGENDA**

One motion is required to approve all items included in the Consent Agenda. Any of the items contained within the Consent Agenda may be placed on the regular agenda for discussion. A summary of the motions are contained within the Consent Agenda.

The following items are included within the Consent Agenda for approval:

- CA 2.1 Board Minutes: *October 27/21*

- CA 2.2 MAC Minutes: *November 10/21*
- CA 2.3 Health Services & Quality Committee Minutes: *November 3/21*
- CA 2.4 Resources & Audit Committee Minutes: *November 10/21*

Q: Pg. 21 of the MAC minutes includes a statement that suggests internal factors are driving up the c-section rates; what are those internal factors?

A:

[REDACTED]

include a large population suffering from gestational diabetes which leads to high risk pregnancies. It was also noted that there is a need internally to increase the number of fetal specialists to care for this group.

[REDACTED]

**MOVED, seconded**

***That the items listed within the Consent Agenda be approved with the revisions as noted – CARRIED.***

### **3.0 BUSINESS ARISING**

#### **3.1a CHAIR'S REPORT: Health Services & Quality Committee (HSQC)**

A report was provided by the Chair of the HSQC which highlighted the discussions from the November 3, 2021 meeting. The discussion focused on the following items: monthly updates (clinical, quality and patient experience), 2021 Q2 Strategic GO Plan, 2021 Q2 Balanced Scorecard, 2021 Q3 Quality Improvement Plan, ED Return Visits, and, patient representation on HSQC.

Accreditation Canada has recommended that a patient representative be appointed as a member of the HSQC. This request was discussed with the Committee to gain additional clarity. It was noted that the role of the members of the Board is governance focused; the additional member would provide focus from a patient perspective. A recruitment process will be established whereby the recommended members are identified from Osler's Patient Family Advisory Council. The individual will be a voting member (same as community representative), and will be appointed for a two year renewable term. A role description will be developed and shared with the HSQC and Board. The Patient Experience Officer will be asked to put a call out for interested applicants. The selection process will be overseen by the Governance & Human Resources Committee with involvement from the Health Services & Quality Committee.

**MOVED by Kulvir Singh Gill, seconded by Linda Franklin**

***That the Board of Directors approve the recruitment of a patient representative as a voting member of the Health Services & Quality Committee - CARRIED***

#### **3.1b CHAIR'S REPORT: Resources & Audit Committee**

A report was provided by the Chair of the Resources & Audit Committee which highlighted the discussions from the November 10, 2021 meeting. The discussion focused on the following items: hospital performance, compliance reports, Capital Asset Development Funding Working Group, Enterprise Risk Management, Information Management/Privacy/Security.

The second quarter financial results reported [REDACTED] The cash balance remains stable. It was also noted that a capital grant in the amount [REDACTED] was received in October which will be used to repay equipment debt.

Information pertaining to the Peel Phase II submission will be presented to the Board in January. The January Resources & Audit Committee will include the details of the submission as well as an information session related to the redevelopment process. All members are welcome to attend the January 14 meeting for these discussions.

In November, the Committee received a presentation on Osler's cybersecurity program. A briefing note was provided for additional information. The update included a number of strengths and best practices in addition to identifying a number of concerns. One of the risks identified was related to a delay in patching. Mitigating strategies have been

developed to address this issue. It was suggested that a checklist or decision-tree be developed for the management team in the event of a cyberattack.

## 5.0 NEW BUSINESS

### 5.1 REPORT OF THE PRESIDENT & CHIEF EXECUTIVE OFFICER

A written report was provided for information. The following highlights were provided.

- COVID cases continue to be manageable however there has been an increase in the number of ER visits which has impacted wait times, time to inpatient bed and length of stay.  
[REDACTED]
- HR teams have been developing mitigation plans to address the reduced number of staff and the vacancies created by any staff exits.
- EGH has been recognized as one of the top three hospitals in the province for making the greatest improvement in 90<sup>th</sup> percentile ER length of stay (12.2% reduction). The other two hospitals recognized for this achievement were Northumberland Hills Hospital (17.7% reduction) and Niagara Health System - St. Catherine's General (14.4% reduction).
- The Lab recently underwent its own accreditation; Dr Brendon Sheffield received an award at the 15<sup>th</sup> annual Quality & Innovation (QI) Awards ceremony for the *Point of Care Biomarker Testing in Community Practice* initiative. This award is co-sponsored by the Canadian Cancer Society and the Cancer Quality Council of Ontario.
- A presentation was made to Brampton's City Council on November 3 at which time the plans for Peel Phase II were provided along with a request for local contribution for both the Peel project and the new regional cancer centre at BCH. Council members were supportive however, deferred to the budget planning cycle and Peel Regional Council.
- The Chair of the Board recently submitted a Letter to the Editor which was published in the Brampton Guardian. The purpose of the document was to share accurate information regarding the new Peel Memorial project. [REDACTED]  
[REDACTED]
- A comprehensive communications plan has been developed to provide accurate information to the public. CBC had requested an interview however that has been delayed for one week.
- The NDP held a press conference last week during which they announced that they planned to force a vote in the Legislature on construction of a third hospital in Brampton in addition to the immediate expansion of Peel Memorial as a full hospital including an Emergency Department.

*Q: The recent government relations has been outstanding; the organization continues to do what it can to get the right information to the right people; although we cannot control what the political candidates may say, what is the impression in the broader community?*

A: Osler continues to receive significant support from elected members at both municipal and provincial levels. The communications team is monitoring social media; the general consensus of community members is positive.

[REDACTED] The changes at Peel will include additional beds, 24/7 UCC which will transition to a 24/7 ER. It was also noted that there is a misconception that the addition of beds will resolve the issues. The real issue is the need for added physicians in the community. There may also be an opportunity to achieve approval to complete identified shelled space that will equate to additional beds.

Q: *Will the booster be made mandatory?*

A: This issue was discussed at the regional hospital council meeting today. At present, fully vaccinated is defined as 2 doses plus 14 days. Uptake on the third dose has been slow. Making the booster (or third dose) mandatory is not being considered at this time, however, is subject to change based on the receipt of additional information from medical experts.

Q: *In respect to staffing capacity/needs and the fact that we are headed back into an overuse of ERs and the lack of primary care physicians, how can we ensure appropriate staffing is in place to address patient needs/care?*

A: Some physician offices are not yet seeing their patients face-to-face and continue to offer virtual assistance. The province is working hard with primary care to open up additional cold and flu clinics in the communities. Osler may be requested to do same at the UCC. If so, additional steps will be taken to ensure the safety of all staff and patients by supplying the necessary PPE, etc.

The staffing issue is a provincial concern [REDACTED]

[REDACTED] paying them at a higher rate than what hospitals can offer. The impact of agency staffing will be discussed at a future meeting. [REDACTED] This matter has been escalated to the OHA and regional HHR meetings. Osler is reviewing various alternatives to attract staff including the introduction of externships, partnering with post education centres, growing internal talent, rewards and recognition and referrals.

There are a number of programs within Osler that will continue to function with minimal service interruption. Other services will experience medium impact including: Medicine, Mental Health and RCU. Wait times will also increase. Those experiencing the greatest impact include: Emergency, Critical Care and Surgery. The recovery of surgical services to 100% will not be achieved as quickly as we had hoped. The length of stay in ED as well as the increasing numbers pertaining to ALC are also a concern for the organization. It may be necessary to make some decisions regarding the reduction of services in the near future.

Q: *What does the future look like in terms of care provider shortages, lack of supplies, vacations and attrition?*

A: Critical areas are being monitored to ensure that they have the necessary staffing to operate. It may be necessary to move nurses from one area to another. As much as possible, staff will be given the opportunity to take their vacation time.

Q: *How do our vacancy rates compare to peer hospitals?*

A: Osler's vacancy rates are likely higher than other organizations; where an opportunity opens up for a nurse to relocate to another hospital with less responsibility, they will go. Patient acuity and fast pace is a factor that is impacting recruitment.

## **5.2 REPORT OF THE CHIEF OF STAFF**

A written report was provided for information. The following highlights were provided.

- **Physician Assistants** – Consideration is being given to the addition of Physician Assistants in the surgical program. Currently there are Physician Assistants as part of the Medical program at EGH. A policy is currently being developed to manage the delegation of control. The role of Physician Assistant requires the completion of certification with the Physician Assistant Certification Council of Canada in addition to the completion of a Canadian Medical Association (CMA) accredited Physician Assistant Program. The inclusion of this role at Osler would require revisions to the Professional Staff bylaws. This program will be trialed with the Orthopaedic Surgeons.
- **Schwartz Rounds** – The first Schwartz Rounds were held on November 22. This is an interdisciplinary initiative created to provide an open and honest forum to discuss personal experiences as a health care provider. There were approximately 90 participants. Osler is one of the first organizations in Canada to adopt this practice. The opportunity was extended to Board member to attend future sessions if interested.

- Ryerson University, School of Medicine in Brampton – A proposal to develop a new School of Medicine in Brampton is currently being developed and has been designed around the following five pillars: community centric primary care, culturally respectful care, innovation & technology, interprofessional health care networks, and support for the health and wellbeing of seniors. In addition, the *Themes and Threads* for the School of Medicine include:
  - Equity, Diversity & Inclusion
  - Community Health & Engagement
  - Indigenous Health & Decolonization
  - Health of Black and other Equity Deserving Groups
  - Care of the Elderly
  - Leadership, Advocacy and Social Justice
  - Interprofessional Collaborative Practice
  - Mental Health.
- Members of Ryerson’s Senior Advisory Committee will be meeting with Osler’s management team next week to review specifics of the project. Additional information will be shared with the Board in January. A planning grant has been provided to Ryerson to develop a proposal.

*Q: Where is the model of physician assistants currently being utilized? How is the additional capacity improving outcomes and is that measurable through the QIP?*

A: It was noted that UHN currently utilizes this model. Currently these positions are funded by the physicians that they support.

## **6.0 NEW BUSINESS – EDUCATION SESSION**

### **6.1a Osler Foundation’s Campaign**

Ken Mayhew joined the meeting for a presentation regarding the Osler Foundation’s next campaign. It was reported that the “you have the power” campaign has been successfully completed. A review of the stages that are involved with a campaign were reviewed. The stages include: early planning, capital planning, leverage phase and public phase. It was noted that the timing of the launch of a campaign is very important in order to guarantee the necessary momentum.

The Osler Foundation is in the early planning stage of the next campaign. The two main components of this stage include: the work of the Capital Asset Development Funding Working Group and the Community Capacity Assessment. The purpose of the Community Capacity Assessment is to determine the community’s interest and capacity to fund a significant initiative. A Community Capacity Assessment was conducted in Q1 by KCI Ketchum Canada. The assessment included an analysis of Osler Foundation’s financial results, prospect pipeline, environmental scan and stakeholder feedback. Recommendations stemming from the assessment will be presented to the Foundation Board and CADF Working Group.

The following questions were presented to the Board for discussion:

- What are Osler’s differentiators?
- What sets Osler apart from other community hospitals?
- What do you think it will take for Osler Foundation to be successful with its next campaign?
- In reviewing the project brief, what resonates the most?

#### 1. Differentiators:

- diversity of community (culturally and socioeconomic status);
- resource challenged/donor fatigue;
- need for healthcare is unique in this area which may overcome a perceived donor fatigue;
- high level community engagement with hospital system; clear perspective of hospital;
- many different communities within the community;
- small town feel is one of our strengths; managed to retain feeling; keeping focus on small things (patient experience) and large things (aspirations for cancer centre);
- balance community feel with cultural sensitivities;
- delivering more than anticipated.

2. Osler compared to other community hospitals:

- managing tension between small town feel and big city competition;
- opportunity to connect community to the ambition of our system and helping them understand that even if we are a community hospital we have big city sophistication;
- element within Brampton a vocal minority that links the community hospital and healthcare in community with community building – municipal planning,
- smart planning – sense of community building must be part and parcel of healthcare building (part of the official plan).

The Board was asked to provide Ken Mayhew with any further input, comments and/or suggestions.

**6.1b Enterprise Risk Management**

This item was deferred.

**7.0 ADJOURNMENT**

**MOVED, Seconded**

***That the meeting be adjourned – CARRIED***